SOLICITATION, OFFER, AND AWARD

1. Caption	Page of Pages
Foster/Adoptive/Kinship and Casework Services	1 70

2. Contract Number	3. Solicitation Number	4. Type of Solicitation	5. Date Issued	6. Type of Market
		☐ Sealed Bid (IFB) **X** Sealed Proposals (RFP) ☐ Sole Source ☐ Human Care Agreements ☐ Emergency		**X** Open ☐ Set Aside ☐ Open with Sub-Contracting Set Aside
	DCRL-2012-R-0074			

7. Issued By:	8. Address Offer to:
Contracts and Procurement Administration **Child and Family Services Agency (CFSA)** **955 L'Enfant Plaza, SW, Suite 5200, 5th Floor Ph:(202) 724-5300** **Washington, DC 20024**	**Contracts and Procurement Administration** **Child and Family Services Agency (CFSA)** **955 L'Enfant Plaza, SW, Suite 5200, 5th Floor** **Washington, DC 20024**

SOLICITATION

9. Sealed offers in original and ____4____ copies for furnishing the supplies or services in the Schedule will be received at the place specified in Item 8, or if hand carried to the

bid counter located at   955 L'Enfant Plaza, SW, Suite 5200, 5th Floor   until _____ local time _____

                                               (Hour)   (Date)

CAUTION: Late Submissions, Modifications and Withdrawals: See 27 DCMR chapters 15 & 16 as applicable. All offers are subject to all terms & conditions contained in this solicitation.

10. For Information Contact ☞	A. Name	B. Telephone			C. E-mail Address
	Cheryl Anderson	(Area Code) **202**	(Number) **724-7419**	(Ext)	cheryl.anderson@dc.gov

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OFFER

12. In compliance with the above, the undersigned agrees, if this offer is accepted within ____120____ calendar days from the date for receipt

of offers specified above, to furnish any or all items upon which prices are offered at the price set opposite each item, delivered at the designated point(s), within the time specified herein.

13. Discount for Prompt Payment ☞	10 Calendar days %	20 Calendar days %	30 Calendar days %	____ Calendar days %

14. Acknowledgement of Amendments (The offeror acknowledges receipt of amendments to the SOLICITATION):	Amendment Number	Date	Amendment Number	Date

15A. Name and Address of Offeror		16. Name and Title of Person Authorized to Sign Offer/Contract

15B. Telephone			15 C. Check if remittance address is different from above - Refer to Section G	17. Signature	18. Offer Date
(Area Code)	(Number)	(Ext)	☐		

AWARD (TO BE COMPLETED BY GOVERNMENT)

19. Accepted as to Items Numbered	20. Amount	21. Accounting and Appropriation

22. Name of Contracting Officer (Type or Print)	23. Signature of Contracting Officer (District of Columbia)	24. Award Date

★★★ Government of the District of Columbia   ocp   Child and Family Services Agency